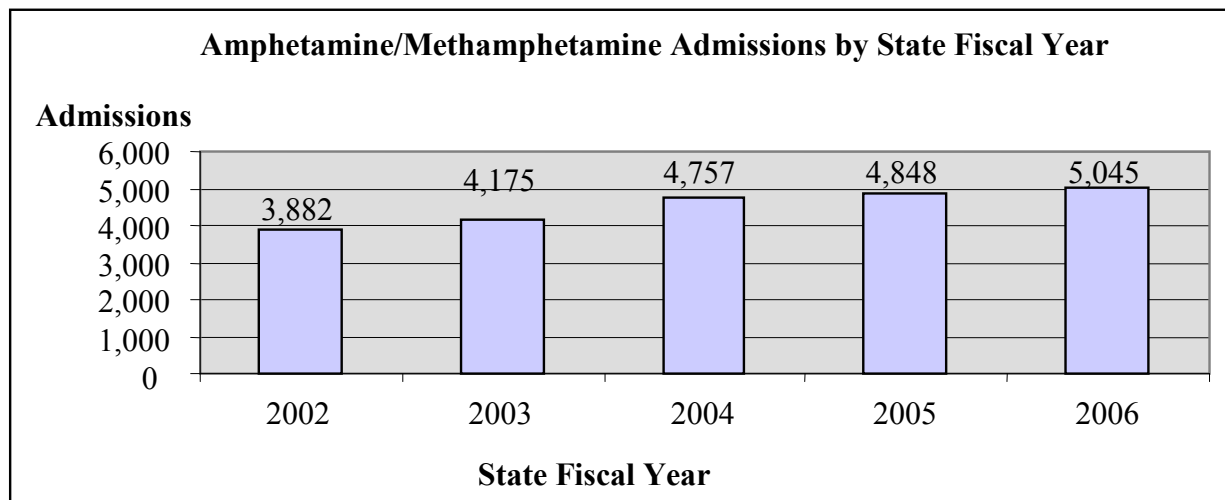


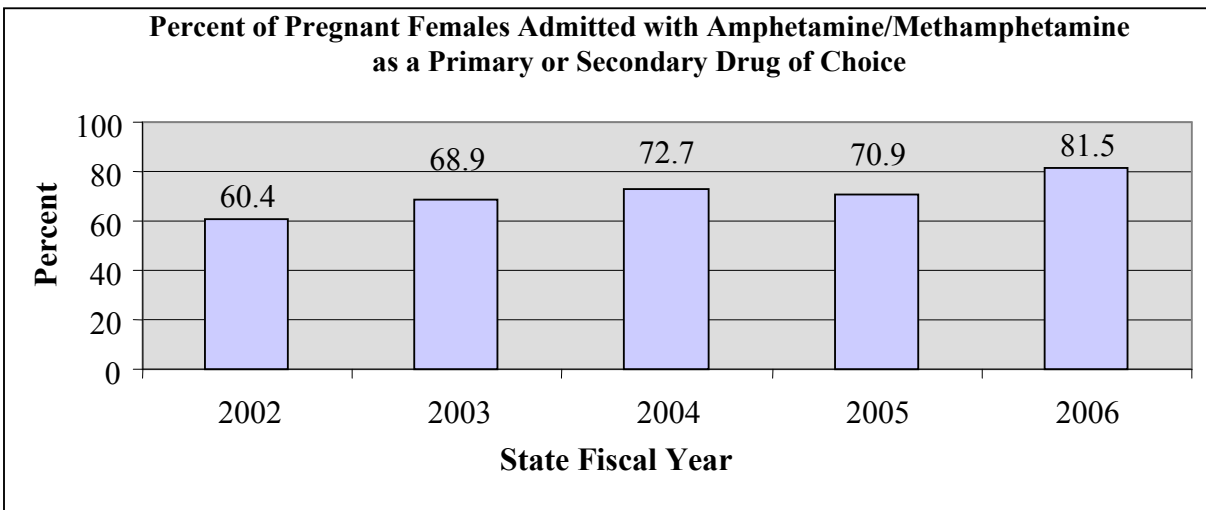
**Department of Health and Human Services  
Division of Mental Health and Developmental Services  
Substance Abuse Prevention and Treatment Agency  
Methamphetamine Fact Sheet  
Updated December 20, 2006**

**Background:** According to the Office of National Drug Control Policy (ONDCP) Mexican drug trafficking organizations have become the dominant manufacturing and distribution group in cities of the Midwest and West. Some methamphetamine is produced in Nevada and is typically of a higher purity level than the drug produced in Mexico (U.S. Drug Enforcement Agency). In SFY 2006, 44% of admissions to SAPTA funded treatment facilities involved methamphetamine; nearly 15% were admitted for methamphetamine only and nearly 30% were admitted for multi-drug use that involved methamphetamine. This is a growing problem nationwide with the highest prevalence in the West Coast areas, Southwest, and Hawaii (The National Institute on Drug Abuse's Community Epidemiology Work Group). The following chart details the rise in methamphetamine admissions to SAPTA funded treatment providers. There has been a steady rise in methamphetamine treatment admission; they are 35.8% higher in 2006 than in 2002.



**Methamphetamine Treatment is Effective:** Nevada's Substance Abuse Prevention and Treatment Agency (SAPTA, formerly the Bureau of Alcohol and Drug Abuse) funds 26 non-profit private or governmental substance abuse treatment programs that provide services in 61 sites in 26 towns and cities. Treatment for amphetamine/methamphetamine use is provided at all 61 sites. Of those completing treatment 90% completed treatment with no substance abuse at discharge.

SAPTA has targeted pregnant females as a priority population for treatment, and methamphetamine use among this group is of great concern. In calendar year 2006 nearly 82% of pregnant females admitted to SAPTA funded providers were treated for methamphetamine as a primary drug of choice. As can be seen below this is an increase of 21% from 2002.



**Demographics of Individuals Admitted for Methamphetamine Use:** Of those admitted to SAPTA funded treatment facilities for methamphetamine use; 80% had no health insurance, 48% reported no source of income, and 43 % were unemployed. Additional demographics for individuals admitted to SAPTA funded treatment facilities for methamphetamine use are as follows:

- 52% were males and 48% females.
- 36% were living independently; 35% were homeless living with friends or relatives; and 6.2% were living on the street.
- 19% were married or living together as married; 54% were single and never married; and 25% were divorced, separated or widowed.
- 84% were White; 5% were Black; 5% were Alaskan Native or Native American; 2% were Asian; and 4% were listed as other race.
- The average client age was 30 years of age and the median age was 29.
- Of those admitted for methamphetamine use, 57% were initially admitted to outpatient services and 27% were initially admitted to residential services.

**Treatment Services for Methamphetamine Abuse and Dependence:** There are many myths or misconceptions about methamphetamine treatment including the following:

1. Methamphetamine addiction is unique from all other addictions and creates damage unlike any other drug, including alcohol.
2. Chemical dependency treatment practices developed prior to the emergence of methamphetamine as a major drug do not work with methamphetamine dependent individuals.
3. 93% of those individuals treated for methamphetamine addiction will relapse within six months.
4. Methamphetamine addicted individuals do not complete treatment.
5. Methamphetamine is so highly addictive that first time users will move immediately into addiction.

6. Only specialized methamphetamine treatment programs can work with methamphetamine addicted individuals.
7. Methamphetamine addiction is so untreatable that children should never be returned to their parents even after they have completed treatment.

Evidence-based treatment practices are known; including training on the Matrix Institute Model for Intensive Outpatient Treatment. This training has been taught several times in Nevada during 2006 by the Center for the Application of Substance Abuse Technologies, which is financially supported by SAPTA.

Nevada has taken certain special initiatives that directly address methamphetamine abuse through prevention. The most recent Youth Risk Behavior Survey indicates lifetime use of methamphetamine among Nevada's adolescents is going down (from 12.5% in 2003 to 11.7% in 2000) nearly 59% of clients admitted to SAPTA funded treatment facilities were in the age group of 25 to 44 and only 12% were ages 18 and below. The amount of methamphetamine use, abuse and dependence among Nevada's young remains unacceptably high. Table 1 provides an age breakdown of methamphetamine client admissions for SFY 2006, and Table 2 details adult and adolescent admissions to SAPTA funded treatment providers involving methamphetamine for SFY 2002 to SFY 2006.

**Table 1: Admissions Involving Amphetamine/Methamphetamine to SAPTA Funded Treatment Providers by Age Category (SFY 2006)**

Age Groups	Numbers of Admissions	Percent of SFY 2006 Admissions
18 and Under	605	12.0%
19 to 24	1,120	22.2%
25 to 44	2,956	58.6%
45 to 64	360	7.1%
65 and Older	4	0.1%
<b>Total</b>	<b>5,045</b>	<b>100.0</b>

**Table 2: Adult and Adolescent Admissions Involving Amphetamine/Methamphetamine (SFY 2002 to SFY 2006)**

SFY	Clark			Washoe			Balance of State			Total
	Adults	Adol.	Total	Adults	Adol.	Total	Adults	Adol.	Total	
<b>2002</b>	1,836	227	2,063	721	108	829	842	148	990	3,882
<b>2003</b>	1,843	283	2,126	855	137	992	892	165	1,057	4,175
<b>2004</b>	2,024	259	2,283	1,039	127	1,166	1,103	205	1,308	4,757
<b>2005</b>	2,040	343	2,383	979	73	1,052	1,143	270	1,413	4,848
<b>2006</b>	2,127	331	2,458	1,074	56	1,130	1,239	218	1,457	5,045